



ADDENDUM #1

On December 12th, 2017, the New Hampshire Department of Health and Human Services published a request for applications to solicit applications from vendors to provide comprehensive primary care and related services to individuals in order to reduce health disparities and improve patient outcomes/experience of care, statewide.

This addendum is published to correct enumeration errors. The Department has opted to not utilize Q6 in this RFP. Additionally, the Department has renumbered Q9 through Q12 to eliminate the duplicate use of Q9 and Q10.

Other than renumbering questions, and reflecting the renumbering within the Proposal Evaluation section, there are no substantial changes released through this addendum.

The Department is publishing this addendum to:

1. Delete “Q6. Enabling Services” and replace with the following:

3.3.4 Enabling Services

3.3.4.4 The selected vendor(s) must provide and facilitate enabling services, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services that include, but are not limited to:

3.3.4.4.1 Benefit counseling;

3.3.4.4.2 Health Insurance eligibility and enrollment assistance;

3.3.4.4.3 Health education and supportive counseling;

3.3.4.4.4 Interpretation/Translation for individuals with Limited English Proficiency or other communication needs

3.3.4.4.5 Outreach, which may include the use of community health workers;

3.3.4.4.6 Transportation; and

3.3.4.4.7 Education of patients and the community regarding the availability and appropriate use of health services.



2. Delete and replace Section 3.4 “Performance Measures/Quality Improvement” with the following

3.4. Performance Measures/Quality Improvement

3.4.1. The selected vendor(s) will collect and report data on the following Performance Measures:

3.4.1.1. Breastfeeding

3.4.1.1.1. Percent of infants who are ever breastfed (Title V PM #4).

3.4.1.2. Preventive Health: Lead Screening

3.4.1.2.1. Percent of children three (3) years of age who had two (2) or more capillary or venous lead blood tests for lead poisoning (NH MCHS).

3.4.1.3. Preventive Health: Adolescent Well-Care Visit

3.4.1.3.1. Percent of adolescents twelve (12) to twenty-one (21) years of age, who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year (HEDIS).

3.4.1.4. Preventive Health: Depression Screening

3.4.1.4.1. Percent of patients ages twelve (12) and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (NQF 0418, UDS).

3.4.1.5. Maternal Depression Screening

3.4.1.5.1. Percentage of women who are screened for clinical depression during any visit up to 12 weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (NH MCHS).

3.4.1.6. Preventive Health: Obesity Screening

3.4.1.6.1. Percent of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is



New Hampshire Department of Health and Human Services

Primary Care Services

outside of normal parameters, a follow-up plan is documented (NQF 0421, UDS).

- 3.4.1.6.2. Percent of patients aged 3 until 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

3.4.1.7. Preventive Health: Tobacco Screening

- 3.4.1.7.1. Percent of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

- 3.4.1.7.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (NH MCHS).

3.4.1.8. At Risk Population: Hypertension

- 3.4.1.8.1. Percent of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year (NQF 0018).

3.4.1.9. Patient Safety: Falls Screening

- 3.4.1.9.1. Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months (NH MCHS).

3.4.1.10. SBIRT

- 3.4.1.10.1. Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

- 3.4.1.10.2. (Developmental, not required for SFY 18)
Percent of patients aged 18 years and older



who were screened for substance use, using a formal valid screening tool, during any medical visit AND if positive, received a brief intervention or referral to services (NH MCHS).

3.4.1.10.3. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS).

3.4.1.11. Quality Improvement Workplan

3.4.1.12. The selected vendor(s) will facilitate two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvements in health care services and the health status of targeted patient groups. One (1) quality improvement project must focus on the performance measure as designated by MCHS. The other will be chosen by the vendor based on previous performance outcomes needing improvement.

3.4.1.13. Quality Improvement (QI) projects may include activities to enhancing clinical workflow and improve patient outcomes by methods that may include, but are not limited to:

3.4.1.13.1. EMR prompts/alerts;

3.4.1.13.2. Protocols/Guidelines;

3.4.1.13.3. Diagnostic support;

3.4.1.13.4. Patient registries;

3.4.1.13.5. Collaborative learning sessions, etc.

3.4.1.14. The selected vendor(s) will utilize Quality Improvement Science to develop and implement a QI Workplan for each QI project. The QI Workplan will include:

3.4.1.14.1. Specific goals and objectives for the project period; and

3.4.1.14.2. Evaluation methods used to demonstrate improvement in the quality, efficiency, and effectiveness of patient care.



New Hampshire Department of Health and Human Services Primary Care Services

Q11. What is your agency's experience and capacity related to performing quality improvement activities?

Q12. How will you meet or exceed the performance measures in Section 3.4.1? Attach a proposed quality improvement workplan that focuses on the adolescent well-care visit performance measure

3. Delete and replace Section 5, Proposal Evaluation, with the following:

5. PROPOSAL EVALUATION

5.1. Technical Proposal (200 Points)

Note: The Department is opting to not utilize Q6 in this RFP.

- a) Scope of Services
 - a. Eligibility Determination Services (Q1 & Q2) 35 Points
 - b. Primary Care Services (Q3, Q4 & Q5) 35 Points
 - c. Enabling Services (Q7) 35 Points
 - d. Coordination of Services (Q8) 35 Points
- b) Staffing (Q9 & Q10) 30 Points
- c) Performance Measures/Quality Improvement (Q11 & Q12) 30 Points

5.2. Cost Proposal (100 Points)

- a) Budget (Appendix D) 40 Points
- b) Personnel Sheet (Appendix E) 20 Points
- c) Budget Narrative* 40 Points

Maximum Point Value: 300 Points

**Budget Narrative must include a detailed description of each budget line item in Appendix D*